EXHIBIT 4

Fifth Third Securities, Inc.

December 11, 2007

REDACTED

Re: Hancock Annuities

Dear REDACTED

As we discussed, considering I am very familiar with your annuities, I am willing to continue to offer you strictly administrative support going forward. This would not affect any aspect of the investment from a financial standpoint, or any relationship you have with LaSalle Bank.

I have enclosed the forms that would grant me access to the annuities should you need assistance in the future, along with a pre-paid DHL form in which to return the forms. DHL can pick up the package from any location at no cost to you by calling 1-800-CALL-DHL.

If you wish to discuss this matter in conjunction with Karen, I welcome the call. I can be reached at 630.639.0087. Either way, it was truly my pleasure to work with you over the last few years, and I wish you the very best in your future endeavors.

Sincerely Yours

Ryan M. Kibiloski Assistant Vice President Financial Advisor Fifth Third Securities, Inc.

CHANGE OF BROKER/DEALER REQUEST

AGTCHANGE

To change the Broker/Dealer of record on a John Hancock Life Ins. Co. (U.S.A.), John Hancock Life Ins. Co., and John Hancock Variable Life Ins. Co. contracts

Inquiries: 800-224-3687 9:00 A.M.-5:00 P.M. (Eastern), Monday through Friday FAX: 617- 663-3719 MAILING INSTRUCTIONS PAPERWORK TO RETURN Mailing Address: **Express Mail Deliveries** Please complete this change of Broker/Dealer Annuity Service Address Annuity Service Address form with appropriate signatures and mail to the P.O. Box 55230 601 Congress Street attention of the Licensing Department. Boston, MA 02205-5230 Boston, MA 02210 CONTRACT INFORMATION REDACTED Contract/Policy Number Owner's Last Name First Name REDACTED Annuitant's Last Name First Name Co-Owner's Last Name First Name SERVICING AGENT INFORMATION REDACTED RILOSKI Servicing Agent's Last Name Servicing Agent's Social Security Number 1 HIRD 1500 Broker Dealer Name Branch Address Agent/Split ID Split Percentage PARTNERSHIP/SPLIT INFORMATION (Optional) Please provide the Name, Social Security Number, and Commission Percentage of each additional Representative. Partnership/Splits must be within the same Broker Dealer. The sum of the percentages for all representatives, including the Servicing Representative, must total to 100%. For any sum not equal to 100%, the difference will be applied to the Servicing Representative. If no percentages are included, the Servicing Representative will receive 100% and each additional representative will be listed at 0.00% Agent's Last Name First Name Agent's Social Security Number Split Percentage Agent's Last Name First Name Agent's Social Security Number Split Percentage Agent's Last Name First Name Agent's Social Security Number Split Percentage Agent's Last Name First Name Agent's Social Security Number Split Percentage **AUTHORIZATION** Branch Manager of Current Broker/Dealer (please print) Signature Date

Client's Signature (If more than one, ALL must sign.)

1106: 1307148

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